

Speech-Language Pathology Leveling Traineeship

HOW TO QUALIFY

The Office of Public Instruction (OPI) Speech-Language Pathology Traineeship was created to encourage and support those individuals working in the field of education in Montana to pursue a speech-language pathology license. This is not a scholarship opportunity; it is a reimbursement stipend provided for the successful completion of required speech-language coursework. This reimbursement is at the rate of up to \$1,500 per fiscal year (July 1 – June 30) for a period of three (3) years. The OPI Speech-Language Pathology Traineeship will be given to those applicants who hold a bachelor's degree in education or a related field and plan to complete the necessary requirements for licensure as a speech-language pathologist in Montana.

In order to receive a traineeship, the applicant must:

- Have a bachelor's degree in education or a related field;
- Be currently employed in a Montana public school or in the field of education;
- Be enrolled in an accredited speech-language program;
- Commit to complete the traineeship within three (3) years and apply to pursue a master's degree in speech-language pathology;
- Develop a planned course of study, outlining the coursework that will be taken during the three (3) years in order to complete the leveling coursework in speech-language pathology; and
- Establish how you have demonstrated your commitment to education and speech-language pathology in Montana.

APPLICANT INFORMATION

First Name		M.I.	Last Name	
Home Address		City	State	ZIP
Phone #	Work	Home	E-mail Address	
Anticipated Graduation Date			Application Date	

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QUALIFICATIONS

Degree

Bachelor's Degree Held	Institution	Date Received
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Institution where you are enrolled in the speech-language program	Enrollment Date
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Leveling Credits Obtained	Leveling Credits Needed to Pursue Master's
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Course of Study

Year One – Planned Course of Study:

Total Credits

Year Two – Planned Course of Study:

Total Credits

Year Three – Planned Course of Study:

Total Credits

Employment

Current Employer (School District/Coop/Other)	# of Years Employed
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Position	Supervisor's Name
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Please describe how you have demonstrated your commitment to pursuing speech-language pathology licensure (attach a separate sheet if necessary).

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ASSURANCE STATEMENTS

I, _____, am committed to completing the leveling coursework requirements in three (3) years and applying to a speech-language pathology master's program. If for any reason I am not going to complete the coursework within three (3) years I will contact the OPI immediately to discuss the possibility of a stipend extension. I understand that failure to complete the traineeship and apply for the master's program will require me to pay back to the Office of Public Instruction the total amount of funds I received as stipends.

I, _____, understand that I may be eligible to receive up to \$1,500 per fiscal year (July 1-June 30) in reimbursement for the cost of speech language pathology leveling coursework. I understand that stipend amounts will not cover all tuition expenses and that I am expected to pay school expenses up front because stipends are not released until AFTER each semester course(s) is completed and a final passing grade has been recorded on my transcript. I understand that in order to receive the stipend each year I must be making satisfactory progress in the coursework and have a completed progress report on file with the OPI.

Signature

Date

Include the documentation for each item below with your completed application.

- ☐ **I work in the field of education in Montana (i.e., speech aide, teacher in the public schools, early childhood).**

*Attach a letter of recommendation to this effect from your current employer.

AND

- ☐ **I am taking the required prerequisite classes for entry into a program leading to a master's degree in speech-language pathology.**

*Attach a statement from the master's program director that states that the classes for which you are enrolled will be accepted as meeting one or more of the requirements for entry into the master's program.

Send this completed application package to:

Sara Casey
Program Improvement Specialist
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

Office Use Only: Date: _____ Status: _____

Reviewer: _____ Letter: _____